

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
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36						
37						
38						
39						
40						
41						
42	1					
43						
44						
45						
46						
47						
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54	1					
55						
56						
57						
58						
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60						
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96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	18					